

**OFFICE OF THE ATTORNEY GENERAL
NJ DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ELECTIONS**

2004 POLLING PLACE ACCESSIBILITY REPORT CERTIFICATION

We, _____, Chairperson and
_____, Secretary, of full age, do hereby certify as
follows:

1. The undersigned are the Chairperson and the Secretary
of the _____ County Board of
Election.
2. The Board of Election, having reviewed the 2004
Polling Place Accessibility Checklist for each polling place
in the County, has determined that those deemed accessible
meet the standards mandated by N.J.A.C. 13:17-6.8 for
accessibility to elderly and physically disabled voters.

On behalf of the Board of Election, I certify that the foregoing statements made
by me are true. I am aware that if any of the foregoing statements made by me are false, I
am subject to punishment.

Dated:

Chairperson of the County Board of Election

Dated:

Secretary of the County Board of Election